



State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



For Ecology Use
Fee Paid 10⁰⁰
Date 8/9/95
CR # 3474

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Joe + Joann Pace Home Tel: (509) 689-2046
Mailing Address POB 1924 Work Tel: (509) 689-2517
City Brewster State WA Zip +4 98812 + N/A FAX: (N/A) N/A- N/A

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Mark Miller Home Tel: (509) 689-3890
Mailing Address POB 1635 Work Tel: (509) 689-3610
City Brewster State WA Zip +4 98812 + N/A FAX: (509) 689-2903
Relationship to applicant Consultant

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 50 (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of Irrigation + Continuous Domestic Supply. Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Legal attached as addendum "A"
Estimate a maximum annual quantity to be used in acre-feet per year: 6 acre ft per yr.
See below

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:
From N/A to N/A 4 acre ft per acre per yr.
10 gpm per acre
1 acre ft per household per yr
10 gpm per household

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>one (1)</u> well(s).
Number of diversions:	
Source flows into (name of body of water):	Size & depth of well(s): <u>6" casing</u> <u>60' Depth Completed</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

Please See Attached Addendum "B"

1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SW	NE	34	31N	25E	Okanogan	SEE	Legal	
						Attached as Addendum "A"		

For Ecology Use Date Received: Aug. 9, 1995 Priority Date: Aug. 9, 1995
SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #
Date Accepted As Complete October 16, 1995 By gjm Date Returned By WRIA: 49

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Un named
- B. Briefly describe your proposed water system. (See instructions.)
Currently we use a 1 horse submersible Fairbanks Morse pump and 1 1/2 PVC mainline w/ hoses + portable sprinklers. Upon Issuance of a DOE permit we will upgrade to a 3 hp submersible pump 3" 4" mainline + valves using aluminum hard lines for distribution across the property. Please See Addendum "F"
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☐ NO
PROVIDE DOCUMENTATION. ☒ UNKNOWN

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 2 Type of connection Homes (Residential)
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☒ NO
If yes, when was it approved? N/A Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO
If yes, when was it approved? N/A Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 3.08
- B. List total number of acres for other specified agricultural uses:
- | Use | Acres |
|-----|-------|
| Use | Acres |
| Use | Acres |
- N/A
- C. Total number of acres to be covered by this application: 3.08
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
- ‡ Acreage irrigated under water rights acquired after December 8, 1977;
 - ‡ Acreage proposed to be irrigated under this application;
 - ‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
If yes, enter permit no: _____
- E. Farm uses:
- Stockwater - Total # of animals Dozen Animal type Horse (If dairy cattle, see below)
- Dairy - # Milking _____ # Non-milking _____
11 Lamas
74 Sheep
Cows

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Proceed North on Highway 97 to the Mouse Turnoff. Cross Bridge
Then turn North on Wakefield Cameron Lake Road. Subject
will be on the right side of Road approx 800' from Center of Mouse
See Attached Addendum "C"

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

See addendums B, C, D, E.

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

James B. Pace
Applicant (or authorized representative)

8/5/95
Date

SAME
Landowner for place of use (if same as applicant, write "same")

SAME
Date

6432339

420000

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).